

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?::
Number of CD Disks:: None
Number of Copies of CDs:: None
Sequence Submission?:: None
Computer Readable Form (CRF)?:: No
Number of Copies of CRF:: None
Title:: MANET Routing Based on Best Estimate
of Expected Position
Attorney Docket Number:: DPL-031
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 2
Small Entity?:: Yes
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: None
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Li
Middle Name::
Family Name:: Shu
Name Suffix::

City of Residence:: Billerica
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 20 Acre Road
City of Mailing Address:: Billerica
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01821

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: J.
Family Name:: Turkovich
Name Suffix::
City of Residence:: Westford
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 144 Keyes Road
City of Mailing Address:: Westford
State or Province of Mailing Address::Massachusetts
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01886

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: The Charles Stark Draper Laboratory
City of Mailing Address:: Cambridge
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US